



## RELOCATION ASSISTANCE BENEFITS

If your apartment is deemed unfit for occupancy by the City of Hartford, you may be eligible for Relocation Assistance pursuant to Connecticut's Uniform Relocation Assistance Act, CGS§8-266 et seq. The City of Hartford will assist you in finding replacement housing.

### HOW TO RECEIVE RELOCATION ASSISTANCE

You must complete and submit the *Initial Application for Relocation Assistance* and *Form A* to the City of Hartford Department of Health & Human Services located at 131 Coventry Street, Hartford, CT 06112.

**Please call (860) 757- 4700**

The City of Hartford will determine whether you are eligible for relocation assistance and provide you with written Notice of this determination within seven (7) days of receiving the *Initial Application for Relocation Assistance* and *Form A*.

**If assistance is needed and eligibility is determined following is available:**

#### Temporary Housing

- Temporary emergency housing, paid for by the City of Hartford.
- Assistance in identifying permanent replacement housing.

#### Moving Expenses

Actual and reasonable expenses for packing and crating of personal property. If you are able to show that moving, packing and crating your property is a hardship.



## RELOCATION ASSISTANCE BENEFITS (continued)

**You are entitled to one (1) of the following:**

1.) Actual reasonable moving costs as documented by receipts.

**-OR-**

2.) Fixed moving costs based on the following schedule including a \$200 (dislocation allowance and a \$300 (moving allowance) based on the following schedule:

<u>Number of Rooms</u>	<u>Moving Allowance:</u>
1	\$50
2	\$90
3	\$140
4	\$170
5	\$230
6	\$260
7 or more	\$300 (maximum)

**-OR-**

3.) The City of Hartford will coordinate a moving company and make payments directly.

### STORAGE



The City will pay for actual and reasonable expenses for the storage of personal property in an appropriate facility for not more than six (6) month, if the City concludes that you cannot immediately move your possessions to permanent replacement housing.

a.) If storage has already been paid for, please give the receipt(s) to a City Relocation Assistance Specialist.

b.) The City can directly pay the storage company directly.

### RENTAL ASSISTANCE



Sufficient to cover a security deposit and rent differential designed to enable you to rent a functionally equivalent replacement dwelling for a period not exceeding 48 months, or down payment assistance for the purchase of a new home, not-to-exceed \$4,000.

You must provide the City of Hartford with documents to prove your residency.  
The City of Hartford may require additional information  
to determine your eligibility.



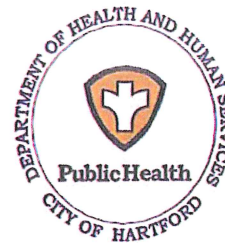
PEDRO E. SEGARRA  
Mayor

# CITY OF HARTFORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street  
Hartford, Connecticut 06112

Telephone: (860) 757-4700  
Fax: (860) 722-6851  
[www.hartford.gov](http://www.hartford.gov)



RAUL PINO  
Director

### **INITIAL APPLICATION FOR RELOCATION ASSISTANCE**

If you are receiving this notice, you have been ordered to vacate your dwelling by a City of Hartford official because it was deemed unfit for human occupancy at the present time. You may be eligible for Relocation Assistance pursuant to Connecticut's Uniform Relocation Assistance Act, Conn. Gen. Stat. §8-266 *et seq.* The City of Hartford will assist you in finding adequate replacement housing if you are found eligible for such services.

Depending on your individual circumstances, the law requires that you be provided with:

- a) Actual and reasonable expenses for packing and crating of personal property. If you are able to show that moving, packing and crating your property is a hardship, the City can either a) arrange for these services at the city's expense; or b) provide you with reasonable expenses for these services in advance.
- b) Actual and reasonable expenses for the storage of personal property in an appropriate storage facility for not more than six months, if the City concludes that you cannot immediately move your possessions to a permanent replacement home.
- c) A payment for actual reasonable costs for moving and certain related expenses incurred in moving the people and property contained in your unit. You are entitled to actual moving costs as documented by receipts OR fixed moving costs in accordance with the following schedule:

*Initial Application For Relocation Assistance*

<u>Number of Rooms</u>	<u>Payment Will Be:</u>
1	\$50
2	\$90
3	\$140
4	\$170
5	\$230
6	\$260
7 or more	\$300 (maximum)

If the fixed schedule of payments is elected, no more than \$300 will be paid for moving costs. A dislocation payment of \$200 will also be paid for those electing to receive payment according to the fixed schedule above.

- d) Temporary housing until permanent replacement housing is reasonably made available.
- e) Rental assistance sufficient to cover a security deposit and designed to enable you to rent a functionally equivalent decent, safe and sanitary replacement dwelling for a period not exceeding 48 months, or downpayment assistance for the purchase of a new home, not to exceed \$4000.00.

**To receive assistance**, you must submit this initial application to the City of Hartford Department of Health and Human Services located at 131 Coventry Street, Hartford, CT 06112. Please call (860) 757- 4700. The City of Hartford will determine whether you are eligible for relocation assistance and provide you with written notice of this determination within 7 days of receiving this initial application.

To be eligible for the rental assistance payment described above, you must provide the City of Hartford with documents to prove your residency such as evidence of a lease, rent receipts, cancelled checks, money order stubs, and /or a current utility bill in your name, from within the last 90 days. The City of Hartford may further require you to provide additional information needed to determine whether you're eligible. Please provide the following contact information:

*Initial Application For Relocation Assistance*

**Full Name:**

**Current or Temporary Address:**

**Current Telephone Number:**

**E-mail Address:**

**Alternate Contact Information (Name, Address, E-Mail, and Telephone Number):**





**PEDRO E. SEGARRA**  
Mayor

# CITY OF HARTFORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street  
Hartford, Connecticut 06112  
Ph: (860) 757-4700  
Fax: (860) 722-6851  
www.hartford.gov



**TUNG NGUYEN**  
Acting Director

### RELOCATION ASSISTANCE PLAN INTAKE

Date: August 13, 2015

Name: \_\_\_\_\_

Former Address: \_\_\_\_\_

Notice from L&I presented (check one)? ☐ Yes ☐ No

Temporary Location Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

1. Do you receive State assistance (check one)? ☐ Yes ☐ No

2. Do you receive Food Stamps (check one)? ☐ Yes (Client ID \_\_\_\_\_) ☐ No

*If yes, please contact your State Worker for assistance to replace card or to request emergency food funds*

3. Do you receive housing assistance (check one)? ☐ Yes ☐ No

*If yes, contact housing assistance agency to initiate*

4. Date of last rent payment: \_\_\_\_\_

5a. Proof of prior residency (check one)? ☐ Yes ☐ No

5b. Evidence presented (check each that apply): ☐ Rent Receipt ☐ Canceled Check ☐ Utility Bill (attach copy)

6a. Head of Household (check one): ☐ M ☐ F

6b. Employed (check one): ☐ Yes ☐ No

7. Income: \_\_\_\_\_ per (check one): ☐ week or ☐ month

8. Number of children: Boys \_\_\_\_\_ Girls \_\_\_\_\_

9. Other income/assistance (check one)? ☐ Yes ☐ No

10. Current residence: # Rooms \_\_\_\_\_ # Bedrooms \_\_\_\_\_

11a. Rent \$ \_\_\_\_\_

11b. Includes (check each that apply): ☐ Heat ☐ Hot Water ☐ Gas ☐ Electricity  
☐ Stove ☐ Refrigerator ☐ Furniture

12. Are your utility bills past due (check one)? ☐ Yes ☐ No

*Note: resident must arrange to transfer service if necessary*

**\*Attach copy of photo ID to Form A and to Payment Voucher, if given**

**Prevent. Promote. Protect.**

## CDBG PARTICIPANT INCOME & RESIDENCY VERIFICATION FORM

AGENCY NAME: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

This program is funded in whole or in part with Community Development Block Grant (CDBG) program funds through the City of Hartford. Participants and/or their parents/legal guardians must verify Hartford residency and self-certify household income in order to be eligible to participate in funded programs. The requested information and documentation is required to comply with CDBG federal regulations ONLY and is not shared with any other party, or available to any other agency for any other purpose.

**PARTICIPANT MUST PROVIDE DOCUMENTATION OF CURRENT HARTFORD ADDRESS.**

**PARTICIPANT MUST INDICATE ALL SOURCE(S) OF INCOME AND GROSS YEARLY INCOME FOR EACH FAMILY MEMBER RECEIVING INCOME.**

**PARTICIPANT AND PROGRAM MANAGER MUST SIGN AND DATE CERTIFICATION.**

**FAILURE TO PROVIDE THIS INFORMATION WILL MAKE THE PARTICIPANT INELIGIBLE FOR CDBG ASSISTANCE.**

PARTICIPANT'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

1. Head of Household (name): \_\_\_\_\_

2. Number of persons currently living in household: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9

	FULL NAME (Include participant)	ETHNICITY	EMPLOYED Y or N	INDICATE SOURCE OF INCOME (FT/PT JOB, SOCIAL SECURITY, PENSION)	GROSS YEARLY INCOME \$
A.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
B.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
C.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
D.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
E.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
F.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
G.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
H.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**CHECK AND ATTACH DOCUMENTS TO VERIFY HARTFORD RESIDENCY. DO NOT INCLUDE SOCIAL SECURITY NUMBERS.**

(Check one) → ☐ Personal check with pre-printed address ☐ CT Driver's license or ID Card ☐ Rent receipt  
☐ Utility Bill ☐ Governmental Assistance Form ☐ Other \_\_\_\_\_

### CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION AND DOCUMENTATION ATTACHED IS ACCURATE AND COMPLETE:

\_\_\_\_\_  
Program Participant or Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND VERIFIED WITH ATTACHED DOCUMENTS AND MAINTAINED IN THE PROGRAM FILES:

\_\_\_\_\_  
Agency's Program Manager Signature

\_\_\_\_\_  
Date



PEDRO E. SEGARRA  
Mayor

# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street  
Hartford, Connecticut 06112  
Ph: (860) 757-4700  
Fax: (860) 722-6851  
[www.hartford.gov](http://www.hartford.gov)



TUNG NGUYEN  
Acting Director

## Release of Information Form

TO WHOM IT MAY CONCERN

I, \_\_\_\_\_, give permission to  
Mr./Mrs. \_\_\_\_\_, Emergency Placement Services Coordinator with  
the Department of Health and Human Services, to assist me with services, advocate for me and my family,  
have access to medical records and/or any additional information as long as it is used to benefit me or my  
family.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_